

# COMPLAINT FORM

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Dealer Section  
600 New London Avenue ,Cranston, RI 02920-3024  
www.dmv.ri.gov

COMPLAINT #: \_\_\_\_\_

I wish to file a complaint against the dealership, manufacturer, and/or distributor named below. I understand the Dealers' License & Regulations Office does not act as an attorney for an individual, but rather represents the State of Rhode Island in enforcing automobile laws falling in the jurisdiction of this office.

DATE: \_\_\_\_\_

(Please print or type)

COMPLAINANT'S NAME: \_\_\_\_\_  
(NAME ON BILL OF SALE)

ADDRESS: \_\_\_\_\_  
NO. STREET CITY/TOWN STATE ZIP CODE

HOME TELEPHONE#: \_\_\_\_\_ BUSINESS TELEPHONE#: \_\_\_\_\_

YOUR DRIVERS'S LICENSE #: \_\_\_\_\_

NAME OF DEALERSHIP: \_\_\_\_\_

ADDRESS OF DEALERSHIP: \_\_\_\_\_  
NO. STREET CITY/TOWN STATE ZIP CODE

DEALERSHIP'S TELEPHONE # \_\_\_\_\_

DATE OF TRANSACTION: \_\_\_\_\_ TOTAL PRICE PAID: \_\_\_\_\_

SALES PERSON/AGENT: \_\_\_\_\_

VEHICLE YEAR – MAKE – MODEL: \_\_\_\_\_

ODOMETER READING AT TIME OF SALE: \_\_\_\_\_ PRESENT READING: \_\_\_\_\_

IF VEHICLE IS REGISTERED, WHAT IS YOUR REGISTRATION PLATE #: \_\_\_\_\_

DO YOU HAVE A LIEN ON THIS VEHICLE?: \_\_\_\_\_ IF YES, WITH WHOM?: \_\_\_\_\_

HAVE YOU CONTACTED ANY OTHER AGENCIES \_\_\_\_\_ IF YES, LIST BELOW: \_\_\_\_\_

HAVE YOU CONTACTED A PRIVATE ATTORNEY? \_\_\_\_\_ IF SO STATE NAME & ADDRESS:

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A. WHAT TYPE OF WARRANTY DID YOU AGREE TO? \_\_\_\_\_

B. HOW LONG OF A WARRANTY DID YOU RECEIVE?

C. ON WHAT FACTS DO YOU BASE YOUR COMPLAINT? PLEASE EXPLAIN IN DETAIL:

[illegible]

D. WHAT SETTLEMENT ARE YOU SEEKING?

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E.EXPIRATION DATE OF RHODE ISLAND INSPECTION STICKER:

THIS COMPLAINT MUST BE COMPLETED AND COPIES OF ALL SUPPORTING DOCUMENTS ATTACHED. SUCH AS COPY OF BILL-OF- SALE, PURCHASE ORDER AGREEMENT , SAFETY REJECTION SLIP (IF UNABLE TO PASS INSPECTION), REPAIR RECEIPTS, COPY OF WARRANTY OR GUARANTEES.

IF YOU SUSPECT THAT THIS MAY BE A FRAUDELENT OR OTHERWISE ILLEGAL TRANSACTION, IT IS ADVISED THAT YOU CONTACT YOUR LOCAL POLICE DEPARTMENT, STATE POLICE, OR F.B.I. OFFICE REGARDING THIS MATTER.

(YOU MAY USE ADDITIONAL PAGES TO EXPLAIN YOUR ANSWER)

\*VERY IMPORTANT: COMPLAINANT MUST CONTACT THIS OFFICE AFTER 15 DAYS OF FILING THE COMPLAINT

COMPLAINANT'S SIGNATURE

DATE: \_\_\_\_\_